

Minutes of the Hospital Advisory Committee meeting held on 6 October 2009 commencing at 8.35 am in the Boardroom, MidCentral District Health Board

PRESENT

Jack Drummond (chair)
Lindsay Burnell
Jim Jefferies
Richard Orzecki

Stephen Paewai
Barbara Robson
Kerry Simpson
Ian Wilson

Unconfirmed Minutes

In attendance

Murray Georgel, CEO
Stuart Wilson, General Manager Corporate Services
Carolyn Donaldson, Committee Secretary

Diane Anderson, Board Member (part meeting)
Muriel Hanratty, Director, Patient Safety & Clinical Effectiveness
Nicholas Glubb, Operations Director, Specialist Community & Regional Services
Lyn Horgan, Operations Director, Hospital Services
Chris Channing Manager, Planning & Performance Unit
Ian Ironside, Portfolio Manager Secondary Care, Funding Division
Trevor Read, Manager, Change Management Unit
Communications (1)
Media (1)

Condolences

The Chairman extended members' condolences to Stephen Paewai on the recent death of his mother.

1. APOLOGIES

Apologies were received from Ann Chapman, Cynric Temple-Camp, and Lareen Cooper, General Manager, MidCentral Health.

2. LATE ITEMS

There were no late items.

3. CONFLICT AND/OR REGISTER OF INTERESTS

3.1. Amendments to the Register of Interests

Richard Orzecki advised he had been appointed chairman of Te Runanga o Ati Awa Ki Inc. Whilst this company had health contracts with Capital & Coast DHB, there was no direct relationship with MidCentral District Health Board.

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3.2. Declaration of conflicts in relation to today's business

Barbara Robson:

Item 6 - Operations Report appendix 4; and Part 2, item 14, Vulnerable Services - Barbara was a consumer representative, RCSP Steering Committee.

Item 7.1 - Review of Health and Disability Commissioner Act 1994 and Code of Health and Disability Services Consumers' Rights – Barbara was Convenor of the Federation of Women's Health Councils Aotearoa NZ (Inc.) The Federation had made a submission on this review.

Jim Jefferies: - Operations Report financial results/elective services as Jim was chair of Aorangi Hospital Limited. This conflict to be identified if and when the issues concerned were discussed.

4. MINUTES

4.1. Minutes

It was recommended

that the minutes of the meeting held 1 September 2009 be confirmed as a true and correct record.

4.2. Recommendations to Board

The Committee noted that the Board approved all recommendations contained in the minutes.

5. MATTERS ARISING FROM THE MINUTES

Richard Orzecki advised the meeting that information contained in the operations report had been reported back to the four iwi, and that the information in the performance indicators was very helpful in terms of Maori perceptions of services.

6. OPERATIONS REPORT

Barbara Robson noted her conflict regarding the Regional Clinical Services Plan (RSCP) update. Ms Robson was a consumer representative on the RCSP Steering Committee. There was no discussion on this section of the operating report.

The CEO spoke to this report, outlining the unusual month/year to date results which drove the financial outcome, viz the way payment was made for medical and surgical services. He referred to the restructuring and review work currently being undertaken, advising the final decision on the third tier restructuring for Hospital Services favoured service management, which would ensure clarity of accountabilities.

The Change Management Unit work had also commenced with the appointment of Trevor Read. Mr Read was introduced to the meeting, and his background outlined.

6.1. Medical Assessment and Planning Unit

The second bay of this unit would be opened at the end of this week, and the third bay should open at the end of next week. During September, the five beds currently open had put through 105 patients, and no surgery had to be cancelled during August or September due to a bed shortage. The confidence that beds would be available for planned surgery was commented on, as was the support from patients and staff for the unit.

6.2. Radiation Therapy wait times

The move to patients being treated within four weeks of having their first specialist appointment was required by December 2010, and planning would be required for this to be achieved.

6.3. Tararua Based Clinics

The CEO clarified that the commitment given to the Tararua community representatives and subsequently raised by the Tararua Health Group at the stakeholders meeting on 14 September, was to look at the possibility of nurse-led clinics in ophthalmology and general surgery. Mr Georgel said the commitment was very clear that it was a commitment only to look at the possibility.

Barbara Robson said she would like to see the reporting on the Tararua attendances continued for at least another six months, so results could be compared for a longer timeframe, and thereby provide a clearer idea of results.

The CEO briefly outlined some of the issues covered with the community representatives, eg if three clinics were cancelled and MCH was able to see more people, what was to stop MCH from cancelling more clinics. Mr Georgel told members management had given an assurance this would not happen because there would not be the physical facility to handle the increase at Palmerston North Hospital.

Lindsay Burnell was pleased to read of the shuttle service; however he felt there was still a problem with the number of cars outside the hospital's front door. He also wondered if other shuttle providers might have an expectation that MCH would assist them with the provision of the shuttle service, and asked if there could be pressure applied for assistance particularly as they were providing a voluntary service. The CEO responded, advising community shuttle services were quite diverse. The Tararua providers felt it was their responsibility to provide the service. He said there had been significant movement recently for community-led shuttles. There was some under-writing for the shuttle service, but it was not an automatic contribution and was only available under certain conditions. Mr Georgel also said that since the start of this decade, the number of shuttles had increased and the approach had moved towards the community based shuttle.

Ms Robson asked whether there had been the same success with the Horowhenua clinics, but Management were unable to provide that information at the meeting.

6.4. Life membership – Central Districts Cancer Society

Barbara Robson expressed her appreciation for the contribution made by Ann Shaw, particularly in relation to her work in getting the breast screening programme implemented. Management advised a letter of congratulations had been sent to Ann.

6.5. Management of MidCentral Health

As advised at the beginning of the meeting, Trevor Read has been appointed to lead the Service Review and Change Management Unit. The CEO also outlined his reasons for taking responsibility for MidCentral Health at this point.

The Chairman asked that his appreciation of Lareen, particularly her professional manner in performing her duties as General Manager of MidCentral Health, be recorded. These sentiments were supported by the Committee Members.

6.6. Meeting Schedule

Kerry Simpson asked if there had been any consideration given to the timing of these meetings, so that the Committee had more up to date information. The CEO advised this matter had been raised at the board meeting in September when considering next year's meeting schedule. The outcome had been to keep the status quo, but to incorporate more timely information into the reports.

6.7. Financial Results

The General Manager, Corporate Services, updated members on September results, advising that Payroll costs appeared to be on budget. An improved performance was expected from surgical services, and therefore at this point it was expected that the September results would be better than the first two months results. Beds for medicine were slightly higher than 100, so overall acute delivery was reasonable. This was a positive result which it was hoped would continue.

Members were assured that when the budget was compiled, costs/revenue margins from surgery etc were considered.

It was also noted that it was not always easy to fit in an additional elective list at short notice if there was space, because the acute demand was low for a number of reasons eg staff availability and the ring-fencing of clinics meant there was not always flexibility to do extra work without sufficient notice.

The ability of the organisation overall to manage the divisional financial results was discussed. The banker's covenant was noted in the board reports, and the DHB generally conformed to them. Including the financial result as one of the KPI results in the front of the operational report was raised, and Management agreed it could be looked at.

Personnel costs – Management explained the necessity to engage locums to fill vacant positions particularly between the junior medical staff runs, and the resulting increase in personnel cost.

It was recommended

that this report be received

7. STRATEGIC / SPECIAL ISSUES

7.1. Review of health and Disability Commissioner Act 1994 and Code of Health and Disability Services Consumers' Rights

Barbara Robson noted her conflict regarding this report. Ms Robson was a Convenor of the Federation of Women's Health Councils Aotearoa New Zealand (Inc). The Federation had made a submission on this review. There was no discussion on this report.

It was recommended

that this report be received

7.2. centralAlliance update

Jim Jefferies asked what the financial implications would be in the event MDHB combined with Whanganui DHB, referring to information he had seen that indicated some DHBs were receiving funding support from the Ministry, one of which was Whanganui. The CEO responded saying that such issues would be clearer in due course. There were a number of financial arrangements under the centralAlliance agreement which should ensure cost neutrality. He suggested this issue should be discussed by the Board, as there were other issues that could impact, eg the regional clinical service planning which involved the six regional DHBs. Mr Georgel said the information referred to by Mr Jefferies was the Crown Health Financing Agency Report, which showed the annual collective deficit for this region, and could have some financial risks for MDHB.

The issue of quality and safety of practice outcomes was raised as being areas which could be compromised with moves to the alliance. Barbara Robson said she would like to have a better understanding of how the Otago Southland alliance worked in relation to the statutory committees. Management agreed that before any recommendations were made, this issue would need to be clarified. Management were also undertaking a stocktake of what had been achieved so far, with a view to communicating the achievements to date.

The Chairman clarified that with the recent resignation of Ormond Stock, (Board Member), Kate Joblin (Whanganui DHB Chair) had been asked to take on the role of Acting Chair of the centralAlliance.

It was recommended

that this report be received

7.3. Child and Adolescent Oral Health Update

Six public engagement meetings have been arranged across the district in the week commencing 19 October. The meetings would be held in both working hours and evenings, so there was a range of options.

The issues of disability access and the electrical costs were raised and discussed. Several members expressed strong concerns with these issues, as they felt the onus would be on MDHB to provide disability access and also fund the cost of providing the 3 phase 32 amp power for the units.

A number of our current fixed clinics have ramp access, but the mobile units do not. The business case originally included disability access for the units. The costs of providing this

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access was considered too high by the Ministry, who sought a legal opinion and decided they would not support funding for disability access to the mobile clinics. MCH was seeking a copy of the legal opinion, but had not yet been successful in getting it.

In the meantime, MCH was working on what access could be provided and the cost of providing the access. One option could be transportable ramps that were moved around the sites.

Members were advised there was work taking place in relation to the 3 phase power. This issue was discovered after the business case had been finalised and was not unique to MDHB. Schools were also working through a process of upgrading their power which would be helpful, and the Ministry was working on revising costs.

Whilst the project was slightly behind the timeframe at the moment due mainly to the delay with the engagement process, a number of things were being brought forward so it should finish on time or maybe a little ahead.

Barbara Robson advised members she had a number of questions, some of which she had sent to Management for response.

Diane Anderson joined the meeting.

Ms Robson said she had looked through her papers and the issues around the existing facilities, but there had been nothing in them regarding not providing disability access. She was dismayed at the Ministry's decision due to the cost, and said she would like to see the legal opinion supporting their decision. Ms Robson referred to the safe egress, which she understood was a door and a window. Management clarified that the emergency window was very large, almost floor to ceiling height, and that the therapists who had seen one in Waikato were very reassured and felt it would be appropriate. People would still have to get down to ground level though.

Management also confirmed for Ms Robson that the shared facility costs were being funded from capital not operating costs. A number of schools already had mobile sites so with those plus the 30 provided for in the business case, Management felt there should be adequate numbers. There were also additional sites at the iwi provider sites and other providers who wanted to use the service. Ms Robson said there must be careful monitoring of how the capital was spent on this project.

It was suggested there should be a update on what the problems and issues were now, together with the future plan for managing them. It was further suggested that the Committee might express their concerns to the appropriate people at the Ministry. If Management did decide to write expressing the concerns, clarification should be sought on how the legal opinion influenced the decision not to have disability access to the units. Richard Orzecki suggested there could be value in the DHBs joining forces to put forward the concerns, as the issues of access and power would be common to other DHBs as well.

Management advised there was a regular central region teleconference, and these issues could be discussed there to see if there was any support for this course of action.

Ms Robson suggested the Disability Advisory Support Committee should also be asked to take up these issues.

It was recommended

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that this report be received

7.4. Managing Acute Demand

Due to time constraints, this item was not discussed, but was carried forward to the next meeting.

8. GOVERNANCE ISSUES

8.1. 2009/10 Work Programme

It was recommended

that the updated work programme for 2009/10 be noted.

9. LATE ITEMS

There were no late items.

10. DATE OF NEXT MEETING

3 November 2009

11. EXCLUSION OF PUBLIC

It was recommended

that the public be excluded from this meeting in accordance with the Official Information Act 1992, section 9 for the following items for the reasons stated:

Item	Reason	Reference
"In Committee" minutes of the previous meeting	For reasons stated in the previous agenda	
Operations Report – : Significant and/or Sentinel Events	To protect personal privacy	9(2)(a)
: Service Reviews	Subject of negotiation	9(2)(j)
Vulnerable Services Report	Subject of negotiations	9(2)(j)